



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
Division of Technical Services
1035 Stevenson Drive
Springfield, Illinois 62703-4259

FOR OFFICE USE ONLY

Facility # _____

Permit # _____

APPLICATION for Permit for **INTERIOR LINING, or INSPECTION OF EXISTING LINING(S)** of Underground Storage Tanks at Existing Site. Submit application in triplicate and fee to: **Office of the State Fire Marshal, Division of Petroleum and Chemical Safety, 1035 Stevenson Drive, Springfield, IL 62703.** (Please type or print clearly)

(1) **OWNER OF TANKS** - Corporation, partnership, or other business entity: (Must be mailing address)

(2) **FACILITY** - Facility ID # _____
(Name and address where tanks are located:)

Name _____

Name _____

Street Address _____

Street Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____ County _____

Contact Person _____ Phone _____

Contact Person _____ Phone _____

(3) **TANK(S)**: Check whichever applies and fill in the appropriate blanks for the tank(s) to be lined or existing lining to be inspected. Attach additional sheet(s) if more space is needed.

Tank ID #	Capacity in Gallons	Product	Single Wall	Double Wall	FRP	Steel	Composite	1) Is there a bolted manway at grade?	2) Or to be installed?	To be Lined	Inspect Existing Lining
								1)	2)		
								1)	2)		
								1)	2)		

(4) **CONTRACTOR**: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that all information submitted is true, accurate and complete.

Company Name _____ Address _____

City _____ State _____ Zip _____

Telephone # _____ Fax # _____ Contractor License # IL _____ Expiration Date _____

Name of Authorized Representative _____ Title or Position _____

Signature _____ Date _____

(5) **MANUFACTURER OF LINING MATERIAL** (company name): _____

(6) **DESIGNATION OF LINING MATERIAL** (name, number, etc.): _____

(7) **COMPATIBILITY** - The lining material must be compatible with the product stored (**VERIFICATION MAY BE REQUIRED**). Only lining materials meeting the specifications approved by our office shall be used.

The OSFM **REQUIRES** the disclosure of the requested information to issue this permit, pursuant to 430 ILCS, Act 15, Gasoline Storage Act. Failure to provide the requested information will result in this permit application not being processed. Such failure will result in the application being returned - it will be returned to the applicant only once (without being denied) and if resubmitted is **REQUIRED** to be done within **14 days** from the date of return.

Explain the Reason for Lining the UST:

Note: After January 1, 2011, steel tanks sought to be lined must be accompanied by a detailed engineering evaluation by an Illinois P.E. establishing how the lining would overcome a product compatibility problem in accordance with 175.415(e).

(8) Performing any work on an existing lining without a permit is strictly prohibited.

(9) All work shall be performed per 41 Ill. Adm. Code 175 and shall otherwise be in accordance with any referenced codes and standards or manufacturer specifications. This permit application pertains only to interior lining or inspection of interior linings. Other work on USTs requires a separate "Upgrade or Repair" permit from the OSFM.

(10) APPLICATION REJECTION - Insufficient information or illegibility can be cause for return or denial.

(11) PERMIT TO WORK - No work can proceed without a granted permit in hand and must be available upon request of the OSFM Storage Tank Safety Specialist. Granted permit(s) are considered void whenever tank(s) are found unacceptable for interior lining.

(12) APPLICANT - The ***INTERIOR LINING CONTRACTOR*** must complete this application. A fee of \$200.00 for each site must accompany this application. (Checks or money orders are to be made payable to the Office of the State Fire Marshal. Do not send cash).